

West Virginia Division of Personnel
APPLICATION FOR EXAMINATION – INSTRUCTIONS
You may apply online at: www.state.wv.us/admin/personnel

IMPORTANT: You should apply online if at all possible. You may apply from any internet connected computer. This may include your home, at many libraries, schools, and most Workforce WV Job Services offices. Applying online speeds processing. You should **ONLY** use a paper application if the job announcement does not allow online applications, or you cannot complete the online application form.

These two instruction pages are not part of the application and should not be submitted with the completed form. If you have any questions, please call our office.

Social Security Number Required.

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. We require social security numbers to verify your identity and confirm the information you provide in your application. Failure to provide your social security number will result in rejection of your application.

General Information.

Information about testing, announced job titles, testing locations, and the employment process are available on our web site at: www.state.wv.us/admin/personnel. The web site also has a map of WV counties to assist you in determining your availability area. You may also obtain information by calling our office and speaking with a counselor. If you are planning to take a written examination, TAKE your completed application to the examination center when reporting for testing. Do not mail an application for a written examination to our office. Applications for jobs which do not require a written test should be mailed or delivered to the address shown at the top of page 1 on the form. If you apply online, you do not need to mail your application or take it to the test site. A photocopy of the application with signature and current date is acceptable. A resume cannot be substituted for the application.

Availability for Interview and Appointment. (Very Important)

In order to process your application, we must know the counties in which you are willing to interview and accept employment. Space has been provided on the Application for you to indicate the counties in which you are definitely available for work. [A printable map is available on our web site showing the location of all counties.](#)

Documentation of Training and Experience.

Proof of degree(s), major fields of study, specific course work, license(s), vocational or other required training may be required. Please read the job posting for details. An applicant's test may be scored but will not be considered for employment until the required documents are received. Copies of documents will be accepted providing all information is clearly shown.

All employment listed on the Application is subject to verification. Be sure to include all relevant experience (including military experience) in the Employment History section. You **MUST** indicate "hours per week" for any part-time work. All employment dates **MUST** be complete and accurate.

Equal Employment Opportunity.

The WV Division of Personnel assures all applicants of equal opportunity when applying for employment. No applicant will be discriminated against based on race, sex, age, religion, national origin, political affiliation, disability, or any other non-job related factors. Furthermore, it is a violation of state law for any person to use any official authority or influence to attempt to secure for any person an advantage in appointment to a position in the classified service.

We provide all reasonable accommodations for persons with disabilities. Call our office for assistance and information.

Continue reading on the next page.

**West Virginia Division of Personnel
APPLICATION FOR EXAMINATION
INSTRUCTIONS - CONTINUED**

Military Service and Veterans Preference Eligibility Requirements.

Before completing the **Military Service and Veteran's Preference** section of the application, you must read the following to determine your eligibility for preference points. Only veterans meeting the eligibility requirements can receive preference. Applicants claiming Veteran's Preference points **MUST** provide a copy of their **DD214 Form**.

Eligibility Requirements:

Five points shall be added to a final passing examination score of any person who meets any **ONE** of the following conditions:

1. Served on active duty anytime between December 7, 1941 and September 7, 1980; **OR**
2. A Reservist called to active duty between February 1, 1955 and October 14, 1976 **AND** who served for more than 180 days; **OR**
3. A Reservist who entered active duty between October 15, 1976 and October 13, 1982 **AND:**
 - a. received a campaign badge or expeditionary medal, **OR**
 - b. is a disabled veteran; **OR**
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **AND:**
 - a. completed 24 months of continuous active duty or the full period called or ordered to active duty or was discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 **AND** received or was entitled to receive a campaign badge or expeditionary medal, **OR**
 - b. is a disabled veteran.

A Veteran may receive an **additional 5 points** if s(he) received a **Purple Heart Award** (verified by the DD214 Form), or if s(he) has a **compensable, service-connected disability**. The disability must be verified by a letter from the Veteran's Administration, dated within the last 6 months, indicating that the individual is currently receiving disability compensation for a service-connected disability.

If you would like assistance in determining your eligibility, please call our office.

Be Sure to Sign Your Application.

Unsigned Applications are returned. You may make a photocopy of your completed application, but each application submitted must contain a signature and current date. If you have any questions about completing the form please contact one of our counselors for assistance at (304) 558-3950 Ext. 57207.

These 2 Pages of Instructions Are Not Part of The Application.

Please remove these 2 pages from the form after printing.

You do not need to submit these instructions with the form.

Check the printed form to make sure all sections are complete.

Employment History - Resumes will not be accepted in place of this information.

For more about this section, please read the instructions pages.

List all work experience beginning with your present or most recent job and work back.

Any change in duties, title, or employment status with the same employer, must be listed as a separate job. Be sure to show your employment dates and hours worked per week. If you need more space for your duty description, continue in the next box, or download the Employment History Supplement sheet. Space is provided for 8 entries.

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates		Employment Status. Check <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/>	
mo. / yr.	mo. / yr.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Type Number of hours per week: --->
		Did you supervise any employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	

Detailed Description of Your Duties and Responsibilities:

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates		Employment Status. Check <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/>	
mo. / yr.	mo. / yr.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Number of hours per week: ->
		Did you supervise any employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	

Detailed Description of Your Duties and Responsibilities:

Employment History - Resumes will not be accepted in place of this information.
For more about this section, please read the instructions pages.

Continue Employment History. There is space for eight (8) entries. Make copies of this sheet if you need more space.

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates		Employment Status. Check <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work	
mo. / yr.	mo. / yr.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Type Number of hours per week: --->
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mo. / yr.	mo. / yr.	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Number of hours per week: ->
		Did you supervise any employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	

Detailed Description of Your Duties and Responsibilities:

Education. (If you need more space, provide the additional information on a plain sheet of paper.)

Did you receive a high school diploma or high school equivalency diploma (GED)? YES NO

Mark highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

Additional Education: All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an **official transcript**, copy of **diploma** or **certificate**, or **written statement** from an authorized agency verifying possession of the necessary credentials.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	mo/yr	mo/yr	
College (Undergraduate)							
College (Graduate)							
Business, Vocational or Technical School	Course Name		No. of Weeks Attended	Hours per day	Clock hrs. Completed	Certificate. Attach copy	
Additional training. (Seminars, Military Trg., Workshops, etc.)							

In the space below, list any related licenses and certificates. (Verification copies must be provided.)

If you have a **Commercial Driver's License** (CDL), enter your **License Number**, **CDL License Class**, and **Expiration Date**. If properly completed you do **not** have to send a copy of your CDL.

Military Service and Veteran's Preference. Completion of this section is voluntary.

Completion of this section is necessary if you are claiming **Veteran's Preference Points**. Applicants claiming eligibility **MUST** provide a copy of their **DD214 Form**. **Five** (5) points shall be added to a final passing examination score for any person who meets the eligibility requirements. Before marking this section, please read the **Veteran's Preference Eligibility Requirements** stated in the Instructions.

Are you claiming **Veteran's Preference for service in the United States Armed Forces**? YES NO

A veteran may receive 5 additional points if he or she received a Purple Heart Award, or if s(he) has a verified compensable service-connected disability. Please see the Instructions section for eligibility requirements.

Are you claiming **5 additional Veteran's Preference Points on the basis of:**

Purple Heart Award? YES NO If yes, it must be stated on DD214.

Compensable, service-connected disability? YES NO * If yes, VA letter required. See instructions.

(* Veteran's Administration letter verifying disability must be dated within the last 6 months.)

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, Soc. Sec. card, credit cards, passport).

Affirmation. I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature: _____

Date: _____

Be sure to sign your application.

EQUAL EMPLOYMENT SURVEY QUESTIONNAIRE

The following information will be used solely to evaluate recruitment and examination methods. This form will be kept separate from your application and will not be shared with hiring agencies. Nothing you write on this form will in any way affect your test score or your chances for employment. Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

Please enter information as indicated:

Social Security Number

Enter one number per block.

Do not use any dashes.

--	--	--	--	--	--	--	--

Date of Birth.

Example: June 3, 1977

would be entered as

06 03 77

--	--

Mo

--	--

Day

--	--

Yr

Check (X) the

Correct box

below

--	--

Male

--	--

Female

DISABILITY. A disabled individual is any person who 1) has a disability which substantially limits one or more of the major life activities, 2) has a record of such impairment, 3) is regarded as having such an impairment. (Mark "x" in a box below.)

Do you have a disability?

YES

NO

Please mark (x) the item which best describes your primary **racial/ethnic** background.

Mark (x) one item only.

1. **BLACK** - a person having origins in one of the black racial groups of Africa.
2. **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
3. **WHITE** - a person having origins in any of the original people of Europe, North Africa, or Middle East.
4. **AMERICAN INDIAN OR ALASKAN NATIVE** - a person having origins in any of the original people of North America and maintains cultural identification through tribal affiliation or community recognition.
5. **ASIAN OR PACIFIC ISLANDER** - a person having origins in any of the original people of the Far East, SE Asia, the Indian subcontinent, or any of the Pacific Islands. Example: China, India,

Mark (1,2,3) the most important sources of information below which influenced your decision to apply.

Mark the most important, 1. The next most important, 2. Rank at least 1, but no more than 4.

- | | | | |
|---|---|---|---|
| A | <input type="checkbox"/> DOP Counselor | <input type="checkbox"/> Radio Announcement | I |
| B | <input type="checkbox"/> DOP Information Booklet | <input type="checkbox"/> Newspaper | J |
| C | <input type="checkbox"/> DOP Recruiter Information | <input type="checkbox"/> Friend or Neighbor | K |
| D | <input type="checkbox"/> Employment Security / Job Service Office | <input type="checkbox"/> State Employee | L |
| E | <input type="checkbox"/> Division of Human Services | <input type="checkbox"/> State Agency Referral | M |
| F | <input type="checkbox"/> High School Counselor / Teacher | <input type="checkbox"/> DOP Web Site Information | N |
| G | <input type="checkbox"/> College Placement Office / Advisor | <input type="checkbox"/> Other: _____ | O |
| H | <input type="checkbox"/> State Vocational Rehabilitation Office | <input type="checkbox"/> Other: _____ | P |